

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on February 9, 2004.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9) the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The office visits with manipulation, manual traction, myofascial release and manual chiropractic manipulation for dates of service 03/27/03 through 04/03/03 and 04/10/03 through 09/03/03 **were found to be medically necessary**.

The fracture frame and mechanical traction for dates of service 03/27/03, 04/03/03 and 04/10/03 **were found not to be medically necessary**.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On June 8, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 19 days of the requestor's receipt of the Notice.

- CPT Code 99213-MP for date of service 04/10/03 denied as "F, MP, N". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(B)(b) submitted SOAP note supports services were rendered as billed. Reimbursement in the amount of \$48.00 is recommended.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule

133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 03/27/03 through 09/03/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf
Enclosure: IRO decision

May 18, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

Patient:
TWCC #: MDR Tracking #: M5-04-1676-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to

the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ was injured on her job when reaching to the floor. Her chair broke and she fell to the floor, injuring her low back, mid back and neck. She was treated at the time by Jorge Garcia, DC. She later moved to Athens, TX and changed treating doctors to Dana Santelli, DC. The patient had been given MMI with 10% impairment by her original treating doctor, but continued to have periodic pain. A peer review was performed by Timothy Fahey, DC, who found that ongoing care was not reasonable due to the fact that the injuries suffered by the patient were the normal diseases of life. MRI did demonstrate some degeneration, but there were indications that disc bulges did impinge on the thecal sac, particularly at the level of L3/4 and L4/5. There was some bulging at L5/S1 with minimal impact on the thecal sac.

DISPUTED SERVICES

The carrier has denied the medical necessity of office visits with manipulation, manual traction, mechanical traction, a fracture frame, myofascial release and manual chiropractic manipulation of the spine.

DECISION

The reviewer agrees with the prior adverse determination regarding the fracture frame and mechanical traction.

The reviewer disagrees with the adverse determination for all other services.

BASIS FOR THE DECISION

The dispute centers on 10 days of service, which were spread out over six months. Clearly, a patient who has suffered a trauma such as the one this patient had could expect to have ongoing needs for occasional care, and the treating provider did treat the symptoms that this patient had appropriately for the most part. The reviewer finds that manual traction was the most appropriate for the case, but that mechanical traction was a duplication of services. There is no indication that a “fracture frame” was reasonable on this case. All other care rendered was documented to be reasonable for this patient’s condition. The reviewer disagrees with the peer review’s assertion that the presence of degeneration of the spine precludes the patient’s need for care. While degeneration may well be a disease of life, it may also be present concurrent with a chronic injury that was compensable in the scope of the Texas Labor Code.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee’s policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director